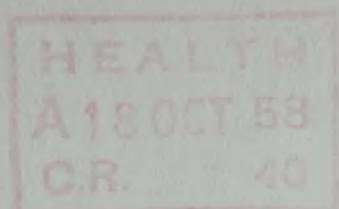


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SEAFORD URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1957

*Sussex C*



Public Health Department,  
Lewes House,  
LEWES.

September, 1958.

*B*  
*Ans*



Public Health Department,  
Lewes House,  
LEWES.

September, 1958.

To the Chairman and Members of the Seaford Public Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Seaford for the year 1957.

Almost three quarters of a century ago when reports on the health of the town and port of Seaford, as it was then called, first made their appearance, comment was made on the attainment of great age by the inhabitants and the eminent suitability of the climate for recovery after overwork, for convalescence and for "people with a tendency towards tuberculosis."

It was also reported that the climate was "one of par excellence" for healthy and growing children, due to its equable but bracing qualities, long hours of sunshine and low rainfall, which allow much time to be spent out of doors.

What was true about seventy-five years ago is equally true today.

Seaford nestling at the foot of the downs, and sheltered by them from the north and north-east winds, has a climate which has a true tonic effect and produces a marvellous improvement in a comparatively short time in the majority of those who are over-tired and over-worked and in convalescents. Children thrive in it and adults lengthen their days in the enjoyment of such fortunate conditions which increase and renew bodily vigour.

As far as such records have been kept the average life span of the inhabitant has been much above that of the country as a whole. Even in the 1880s when the general expectation of life was about 45 years, Seaford was notable for the number of its inhabitants who were then living in a hearty and healthy old age. A handful of people then living in the seventies and the odd one or two in the eighties in a small population would influence the then writer to characterise this state of affairs as "remarkable."

What is a more remarkable fact is that from 1st January to 31st August 1957 the average age at death in Seaford was 77.4 years. This was reduced to 74 years for the whole year and even this is high. There is no doubt of longevity being common in Seaford. Many factors contribute towards this. The soil in Seaford is dry and easily drained. Like the rest of the downs it is mainly of chalk. The climate is equable but bracing for a south-coast resort. Never too cold in the winter, in the summer the heat is tempered by a cool sea breeze so that even the hottest days in summer are not relaxing. Rainfall is small and owing to the chalky subsoil is quickly absorbed. The air is clear and pure as there is an absence of organic dusts. There are long and frequent intervals of clear and sunny skies. For some years the amount of sunshine recorded annually has been the highest in Britain. With regard to any expense attending a change of quarters on removal to a healthy place such as Seaford, one is content to quote the words of Dr. Samuel Johnson "Sir, your health is worth more than it can cost."

The death rate for Seaford for 1957 was 9.74 per 1,000 inhabitants. This compares favourably with that of England and Wales for the same year which was 11.50.



Only one case was reported during the year of a woman dying in, or in consequence of childbirth. This death took place during the course of an operation and is the first maternal death to be recorded in Seaford during the last nine years.

No infant under one year of age died during the year under review. The Infantile Mortality Rate was therefore nil.

As in former years the list of the total causes of death (150) in the general population was headed by deaths from heart disease (49). This was followed by deaths from vascular lesions of the nervous system (24) and deaths from cancer (20). The cancer death rate for the year for Seaford was 1.85 per 1,000 population as against the national rate of 2.09 for the same year. One death was due to cancer of the lung in a male.

Bronchitis is a very common cause of death amongst old people especially in industrial towns where the atmosphere is polluted with smoke and chemical fumes. There was only one death from this cause in Seaford in 1957.

Concerning infectious diseases a total of 138 cases were notified. This number was comprised of the following, measles (100); whooping cough (24); pneumonia (8); erysipelas (3); puerperal pyrexia (2) and poliomyelitis (1). The case of poliomyelitis was in a sixteen year old boy who returned home after hospital treatment free of any residual muscular impairment,

Although we have now virtual control over the majority of the old time infections, and have nearly wiped out some of them altogether such as diphtheria by prophylactics, enteric fever partly by sanitary measures and partly by chemotherapy and the others such as tuberculosis by anti-biotics, sulpha drugs, and by new methods of treatment, we are now faced more than ever with virus infections of which one is poliomyelitis and on some occasions we are faced with another in mass infections of influenza. The viruses of both diseases have constant reservoirs from which they escape and multiply in other persons thus causing epidemics. The period of the highest incidence in the case of poliomyelitis is usually reached between the months of August and October in countries of the northern hemisphere. In the case of influenza the virus may have been lying dormant in some persons for many years only to become active when conditions occur which are favourable to it and then escape is made to cause epidemics or pandemics. In the case of the 1957 pandemic of influenza certain substances (anti-bodies) found in the blood of people aged 80 to 90 years in the Netherlands were the same as those of the Asian strain. It has been suggested therefore that the pandemic of 1957 caused by the Asian strain of virus might be virologically related to that of 1889-90. Epidemics of influenza appear to be independent of personal, seasonal and the usual epidemiological factors. Propagation is direct from person to person; infectivity is usually very high and the spread rapid.

Cases of influenza occurred in Seaford in September or even earlier in the second half of the year. Some of the infected persons did not report to their own doctors but treated themselves hence there is a difficulty in fixing the time of commencement of the outbreak in Seaford. When the outbreak really did get going general practitioners were almost rushed off their feet visiting cases whilst surgeries became overcrowded. As there is no compulsory notification of the disease, except where pneumonia supervenes, there is no knowledge of the number of cases which occurred in the Urban District. However, it is known that some thousands of people were affected.



There appears some doubt as to where the spread of the disease actually started from. Some authorities asserted that it originated in China. Others were of the opinion that its source was a mild form of influenza occurring in Japan in 1956 then again in November 1956 and in April 1957. Whatever the source, the infection spread rapidly through a large part of South East Asia in less than two months commencing about April 1957. It is possible that this epidemic followed the shipping routes and broke out at the great ports of Hong Kong, Singapore, Manila, Djokarta and Saigon spreading into the hinterlands and then ultimately reaching most countries in Asia, Europe and thence all over the world. In fact it became pandemic. The chief symptoms of the disease in this country were headache, sore throat, cough, weakness and muscular pains in the adults mostly. Some children and very few adults had gastro-intestinal upsets with severe sickness and abdominal pain accompanied by severe prostration.

All cases varied in severity, some being so badly affected as to be unable to get about and had to remain in bed until improvement set in. Others were more lightly affected, some of whom carried on with their work with an absence of one or two days.

There were no deaths ascribed to influenza in Seaford in 1957 and there were no serious complications in the majority of cases.

When the outbreak in Seaford really got going there arose the question of whole-sale immunisation. Difficulties were present owing to the fact that there was not a sufficient supply of culture material (fertile eggs of hens) to make enough immunisation material from, besides the difficulty of manufacturing sufficient quantities of immunisation doses at short notice. As it was appreciated by the public that there were none or very few complications and nearly all cases came through an attack safely with conservative medical treatment, the requests for immunisation ceased. The public thought that the disease was not so bad after all. The number of cases reached a peak at the end of October and from then gradually lessened until dwindling and disappearing in the early months of 1958.

There is no major technical difficulty in producing vaccine for a prophylactic against influenza to administer and ward off attacks in time. There is however an insuperable difficulty in manufacturing a vaccine suitable to combat a particular type of influenza. Influenza is so protean, and there are so many antigenic variations of the virus, or infecting agent, of influenza, that so far it has proved a task beyond all and every man to have effective means of immunisation ready in case of epidemics. The unfortunate fact is that there are frequent evolutions of new antigens sufficiently different to each other to affect an immune response to their predecessors. In other words new qualities of the infecting agent continue to develop. One vaccine which may be effective in preventing an epidemic often will be totally ineffective in doing so in another. The 1957 epidemic of influenza was remarkable for its extremely rapid spread. It can be appreciated that a colossal number of doses of vaccine would have had to be manufactured and stored if the correct type of virus had been identified in sufficient time and the surety had been established that it was this type which was going to cause the epidemic.

Fortunately the death roll from the 1957 epidemic in this country was not a long one and extremely light when compared with the long lists of mortality due to the influenza outbreak after the first world war when the virus was of an entirely different and much more lethal type.



The response of parents and guardians to the appeal to have the children under their care immunised against poliomyelitis has been good. At the commencement of the scheme difficulties were encountered through not enough vaccine being available. Systems of priority had to be devised by Public Health Departments so that certain age groups were chosen for immunisation to the exclusion of others. The position now is that vaccination is offered to all children between the ages of six months and fifteen years and to expectant mothers. Children already registered but not yet immunised are to have priority. There is enough vaccine both British and transatlantic to immunise several thousands of children. Applications have been pouring in for some months. The transatlantic or Salk type of vaccine undergoes a safety test as the British type does before being issued for use. The Salk type has been used for millions of injections in the U.S.A. and in Canada. If the transatlantic medical authorities have such confidence in this type of vaccine and have used it so extensively there is no reason why it should not be used here. It was thought at first before the scheme for vaccination was started in this country that it might be preferable to use the British vaccine as it might be safer, in spite of the fact that the Salk vaccine had already had to be tested for safety before issue, and had been used liberally across the Atlantic in hundreds of thousands of cases without dangerous results ensuing.

Unfortunately, not enough of the British vaccine could be made in time to vaccinate all the children waiting to be immunised. The policy was then changed and it was decided to supplement the British vaccine in this country with importations of the Salk type from America and Canada.

The Salk vaccine has been used to immunise many children in East Sussex and there have been no undesirable reactions as a result. In short there has been perfect safety.

Ten cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis were notified during 1957. Five of the pulmonary cases had moved into Seaford from other areas, as did the single case of non-pulmonary tuberculosis.

The incidence rate respecting the ten pulmonary cases was 0.93 per 1,000 inhabitants. When the five inward transfers were excluded the incidence rate was 0.46.

There were four deaths ascribed to pulmonary tuberculosis during the year which give an incidence of 0.37 per 1,000 population. All of the deaths occurred in persons who had been residents in Seaford for a number of years.

It is true that there has been a dramatic slide in the death rate from tuberculosis in the country. In 1854 tuberculosis was responsible for 11.9% of all deaths, in 1904 7.6% and in 1955 1.3%. The latter figure will be decreased still further as time goes on. Tuberculosis has killed billions since the beginning of recorded history. The present time is a very critical one for tuberculosis. The scales have been weighed against it heavily in the last five years to a much greater extent than before due to the use of new drugs and the improved technique of operations. The fall in tuberculous mortality in England and Wales has been two thirds in the last six years. The complete conquest of tuberculosis has now become a possibility, but there is still some way to go yet before the eradication is even nearly complete. It is up to the public to help in every way towards the rout of a disease of centuries long standing which has taken such a toll, usually of young lives. One way of helping is to have regular X-ray chest examinations, other ways are to observe the advice given by doctors as to personal and environmental hygiene.

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In previous Annual Reports I have mentioned the ageing population with its increasing number of senescents (i.e. those of 65 years and over) and the decreasing birth rate which will have the effect of a lesser number of matures or grown ups providing for a larger number of senescents. As mentioned in previous years the problem of the care of the aged has not so far reached a state of oppressive magnitude but will increase as the years go on and will become a matter of considerable size and importance.

As in all things it is wise to make provision beforehand. It is true that provision for housing of the aged has been made by way of suitable accommodation for them in the shape of bungalows and downstairs flats. Good housing for old people will mean in the long run less calls for accommodation in hospitals and institutions. The latter have had for some years now long lists for the admission of the aged, but what is of greater moment is the fact that they have had long lists for admissions of cases for operations in younger people who have had to wait for years in some cases before beds are available. This is tied up also with the chronic and grave shortage of nursing staff. Girls in this country are not coming forward in sufficient numbers to be trained as nurses and have not done so for a long time. Many leave nursing before completing training, either to get married or for other jobs. There is a great temptation to prefer a job where there is a five day week, off work at five o'clock with all evenings and two days a week free, and where there are added inducements in the form of bonuses at holiday times and Christmas, also cheap canteen lunches with transport from their homes to factories in many cases. As things are, thousands of foreign and colonial girls are pouring into this country each month to undertake nursing and domestic duties in our hospitals. Conditions as regards pay, time off, holidays, accommodation etc. have greatly improved for hospital staffs in recent years compared with the pre-war era, but still the shortage remains of girls of this country who are willing to train and remain as nurses.

One could make comments on the above unfortunate but true facts but on reflection members of the public can readily appreciate that nursing is no longer a calling for a great many young girls as it was in the past. This appears to be the case where candidates for training as nurses are few as far as the home counties, provincial towns and smaller district hospitals are concerned. The fashionable London hospitals can afford to turn away candidates. They have usually large lists of applicants for training.

After diverging somewhat as to the needs for the aged one can continue and give a few more observations gained from experience. It has been found that old people do not like to be parted from their old surroundings and even their old furniture. The siting and type of accommodation for them are practical problems. Also many reach a stage where they have to be looked after ultimately either by a home help for housework or some sort of semi-trained person in nursing. Communal homes for old people have their advantages especially from an administrative point of view and as far as a residential warden is concerned. There are also disadvantages from the old people's side. Many do not like to be regimented and herded together. Even a mile or so from their old haunts is too far for them. Some sort of domiciliary care is obviously a prime necessity where old couples are living in separate houses. Again there is the problem of the loneliness of single old people living alone. This is a particularly difficult matter to solve as a person with no living or near relatives and with few or no friends is more prone to degenerate and becoming neglectful of self and of home. Some people would not hesitate to transfer old people immediately and without further thought into



institutions. Experience has shown that many who have been literally forced from their old homes into institutions did not survive very long after the abrupt change. In considering old people there are many things to be borne in mind, their addiction to their own home haunts and customs, their circle of friends or relatives and most important of all, perhaps, their feelings.

As regards the Public Health Inspector's work during the year this comprised very diverse and important matters as can be appreciated on perusal of Section III in the main body of this Annual Report. A good deal of the Inspector's time is taken up with housing matters. Many other local authorities have a Housing Officer whose duties are comprised of housing matters only. In some local authorities various officers share the duties of Housing Officer. With the extra duties placed upon him in the shape of Housing Officer your Public Health Inspector has carried out his duties in the latter capacity covering a wide field. He has been particularly active in the inspection of food and of food premises; in the sampling of milk and ice-cream; in the condemnation of unfit food; in the inspections of a caravan site; in housing matters; in the routine and special inspections concerning nuisances and their abatement; in duties concerning the prevention of spread of infectious diseases; in factory inspections and in many other matters connected with Public Health Acts, Regulations etc. In all these he has proved himself to be a very efficient, zealous and tactful officer.

To sum up, the usual high standard of Public Health in Seaford has been maintained in 1957 as in former years. The death rate was below that of England and Wales. There were no deaths of children under one year of age. The average age at death was again high. The incidences of the various notifiable infectious diseases was light. Diphtheria has been virtually abolished. No case of scarlet fever was notified. The single case of poliomyelitis made a very good recovery after hospital treatment. No death was ascribed to influenza and although many were ill the town came through the epidemic well. Under different climatic conditions the results might have been different. The incidence of pulmonary tuberculosis, excluding inward transfers, was not high.

In conclusion I wish to thank Mr. Murdoch, your Public Health Inspector, for his always ready co-operation and help and to thank other officials for their help and courtesy at all times. Also my thanks are due to you for your help and encouragement during the year.

I am Mr. Chairman, Ladies and Gentlemen,  
Your obedient Servant,

G. M. DAVIDSON LOBBAN,  
M.B., Ch.B., D.P.H., F.R.S.H.

Medical Officer of Health.



## SECTION I

### Statistics of the Area - 1957

Area (in acres)	4,274
Population (estimated)	10,780
Rateable Value (1st April, 1957)	£179,865
Sum represented by a penny rate	£700

### Extracts from Vital Statistics

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Population</u>
Legitimate	49	48	97	
Illegitimate	4	1	5	9.46
<u>Deaths</u>	<u>60</u>	<u>90</u>	<u>150</u>	<u>13.91</u>
Number of women dying in, or in consequence of, childbirth	-	1	1	0.09
<u>Infantile Mortality</u> (Deaths under one year of age)	-	-	-	<u>Rate per 1,000 Live Births</u> 0.00

### POPULATION

The Registrar-General's estimate of the population is 10,780. The population of Seaford for the last ten years is as follows:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth Rate</u>	<u>Death Rate</u>
1948	9,730	137	123	14.08	12.64
1949	10,260	114	144	11.11	14.03
1950	10,430	94	127	9.01	12.18
1951	10,110	100	135	9.89	13.35
1952	10,340	95	144	9.19	13.93
1953	10,360	84	128	8.11	12.35
1954	10,500	90	163	8.57	15.52
1955	10,550	90	154	8.53	14.59
1956	10,670	82	166	7.68	15.56
1957	10,780	102	150	9.46	13.91

The population figure has shown an increase of 110 over the figure of 10,670 for 1956. Since 1948 the population has risen from 9,730 to 10,780, an increase of 1,050 or nearly 11 per cent. As, during the same period, the number of deaths recorded has exceeded the number of births by 446, it is obvious that the increase in population is due to the movement of persons into the area. In fact, there is no doubt that the reason for the preponderance of deaths over births in Seaford is the same as that which has lead, and still leads, to the influx of so many new residents. This is, of course, the extremely healthy climate and pleasant surroundings of the town, which induce so many retired people to make their home in Seaford, thus leading to a large proportion of elderly people in the town.

### Maternal Mortality

One case of maternal mortality was recorded in Seaford during 1957. This was of a 34 year old woman and the death took place during the course of a caesarean operation. This was the first maternal death recorded in the district in nine years. The one death gives a maternal mortality rate of 0.09 per 1,000 population.



## Infantile Mortality

During the year 1957 no infant under one year of age died in Seaford. This is the first post-war year during which no infant death has been recorded in the district. During the six year period 1951 - 1956 inclusive fourteen infant deaths were recorded in the town, while in the preceding six years, 1945 - 1950 inclusive, twenty-one were notified.

## Birth Rate

The crude birth rate for the year under review was 9.46 per 1,000 population. This is 1.78 higher than last year's figure of 7.68 and it is to be hoped that rate will continue to increase for some years to come.

An area comparability factor of 1.31 is applicable to the crude birth rate in the town. This figure is supplied by the Registrar-General in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted birth rate of 12.39. With this adjustment the rate for the district is still considerably short of the rate of 16.1 recorded in 1957 for England and Wales.

## Death Rate

The death rate for the year under review was 13.91 per 1,000 population, the death rate for England and Wales for the same period being 11.5 per 1,000 population.

An area comparability factor of 0.70 is applicable to the crude death rate of 13.91 per 1,000 and this gives an adjusted figure of 9.74 per 1,000 population, which is 1.76 less than the rate for England and Wales for the same period.

	<u>CAUSES OF DEATH</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Heart disease	19	30	49
Vascular lesions of nervous system	9	15	24
Cancer	9	11	20
Ulcer of stomach and duodenum	4	3	7
Tuberculosis (Respiratory)	4	-	4
Pneumonia	3	1	4
Circulatory disease other than mentioned elsewhere	2	2	4
Gastritis, enteritis and diarrhoea	1	2	3
Diseases of respiratory system other than shown elsewhere	1	1	2
Hyperplasia of prostate	2	-	2
Accidents other than motor vehicle accidents	-	2	2
Tuberculosis other than shown elsewhere	-	1	1
Bronchitis	1	-	1
Syphilitic disease	1	-	1
Leukaemia, aleukaemia	-	1	1



	<u>Male</u>	<u>Female</u>	<u>Total</u>
Pregnancy, childbirth, abortion	-	1	1
Congenital malformations	1	-	1
Other defined and ill-defined diseases	3	20	23
	<b>60</b>	<b>90</b>	<b>150</b>

The highest age at death was ..... 97 years  
 The lowest age at death was ..... 9 years  
 The average age at death was ..... 74 years

#### SPECIFIC CAUSES OF DEATH

##### Heart Disease and Diseases of the Circulatory System

The number of deaths due to heart disease and diseases of the circulatory system was forty-nine, which represents almost exactly one-third of the total number of deaths of Seaford residents recorded during the year. The number of deaths recorded was eleven fewer than the total of sixty recorded last year, but it is not likely that this reduction is the forerunner of any lasting trend towards a reduced rate.

##### Vascular Lesions of Nervous System

Twenty-four deaths, or just under a sixth of the total recorded, were due to vascular lesions of the nervous system. This represents a reduction of nine on the preceding year's total of thirty-three. Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism, thrombosis and other lesions and the majority of the deaths due to these causes occur amongst the elderly.

##### Cancer

Twenty deaths due to cancer took place amongst Seaford residents during 1957, giving a death rate of 1.85 per 1,000 population. This figure compares favourably with the national rate of 2.09 per 1,000. One death due to cancer of the lung was recorded. This was of a male.



## SECTION II

### General Provision of Health Services in the Area

#### Public Health Facilities of the Local Authority

During the period under review, the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven and the Rural District of Chailey.

One Public Health Inspector carries out his particular duties in the Urban District of Seaford.

#### Laboratory Facilities

The Public Health Laboratory established at the Royal Sussex County Hospital, Brighton, has been of great assistance during the year.

The Laboratory has carried out for the Urban District, free of charge, the examination of a number of specimens of sputum. Examinations were also carried out of laryngeal swabs, milk, water and ice-cream.

The service is extremely valuable both to your Medical Officer of Health, and to the Medical Practitioners in the district. It is particularly useful in providing a certain means of discovering whether or not a person had been invaded by the infective organism causing tuberculosis.

#### Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses one ambulance in the town. During 1957 this vehicle was available for the conveyance of both infectious and non-infectious cases, and arrangements were in being for the disinfection of ambulance, bedding, clothing, etc., after use for the transport of an infectious case. If a further call is received whilst the ambulance is out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

Office accommodation for the personnel staffing the ambulance is provided by the County Council at the Mercread Road Ambulance Depot.

The East Sussex County Council provides facilities for the transport of tuberculosis cases.

#### Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the District Nursing Associations.

#### Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of Hospital accommodation. The accommodation in the area remains materially the same as it was prior to the passing of the Act.

#### Clinics and Treatment Centres

Treatment centres have been provided as previously, and an immunisation clinic has been held on the first Thursday of each month at the Simmons Institute, Crouch Lane. This has proved very successful and was well attended.



Provision for the Care of Mental Defectives

The East Sussex County Council administers the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All institutional care is the responsibility of the Regional Hospital Board.



### SECTION III

#### SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

##### 1. Staff

During the year under review the staff of the department consisted of one Public Health Inspector, one clerical assistant and one part-time rodent operator.

##### 2. Rehousing

This forms part of the administration of the Health Department, and the relevant statistics are given so that a balanced picture of the work of the department throughout the year is obtained, as it will be obvious that an increase of time spent on one section will show a reduction of figures in the other.

The department's work in connection with rehousing includes the receipt of applications, pointing up under the Council's scheme and the continuous revision involved. It also includes the preparation of lists of applications for the attention of the Housing Selection Sub-Committee and the keeping of all records.

The main housing list was closed in June and all new applicants are entered on a supplementary list. The present building programme on the Chynton Estate was completed in October, and after reviewing in detail the needs of all applicants on the housing lists the Council decided to restrict building to one bedroom flats for elderly and single people. Twelve of these were commenced in June.

##### Statistics

On January 1st 1957 the number of applicants on the Housing Waiting List was as follows:-

	<u>1st January 1957</u>	<u>31st December 1957</u>
Main List	76	58
Supplementary List	-	38
One-bedroom flats List	-	24
<u>Total</u>	<u>76</u>	<u>120</u>

##### Total During 1957

New applications received	89
Number of families rehoused	23
Number of families transferred	2

The administration of this section of departmental duties involved:-

189 visits, 442 interviews, 19 Committee Meetings and 390 letters.

##### 3. Prevention of Damage by Pests Act 1949 - Rodent Control

A part-time rodent operator was employed four hours each day for six days per week under the general supervision of the Public Health Inspector. A free service was provided to private dwelling houses, while all business premises were required to pay on a fixed hourly rate for treatments carried out.

All premises under the control of the Local Authority, including the refuse tips, were kept under regular observation and treatments carried out where necessary. The construction and volume of flow in the main sewerage systems precludes the necessity for regular treatment, but branch sewers and drains were checked whenever the circumstances warranted it.



Two hundred and thirty-five properties were inspected of which 68 were found to be infested. The treatments and inspections carried out involved 609 visits.

#### 4. Petroleum Acts & Orders 1928 and 1936 - Petroleum

During the year, this part of the administration was transferred to the Surveyor's Department. At this time, fourteen licences had been issued for the storage of petroleum.

Fifteen inspections were carried out in this connection.

#### 5. Supervision of Food and Food Premises

##### Milk

Eighteen routine samples of milk were taken throughout the year from milk retailers and one sample failed to satisfy the Methylene Blue Test.

At the 1st January 1957 there were five Purveyors of milk in the Urban District.

The following licences for the sale of graded milks were issued:-

6	Pasteurised
6	Tuberculin Tested
3	Sterilised

All premises were regularly inspected and informal notices for minor infringements were given where found necessary. The general standard of cleanliness was satisfactory.

##### Ice-cream

Forty-one premises within the district are registered for the storage and sale of ice-cream. In the main these premises sell proprietary brand pre-packed ice-cream. Only one ice-cream vendor in the area makes his own ice-cream and close supervision of this plant was carried out.

Twenty samples of ice-cream were taken during the year and the results of Methylene Blue Tests were graded as follows:-

Provisional Grade I	9
Provisional Grade II	6
Provisional Grade III	5
Provisional Grade IV	-

##### Food Premises

The food premises register now contains records of premises as follows: -

2 Bakehouses	3 Fish shops
7 Butchers	1 Fried Fish shop
6 Dairies	15 Hotels
11 Grocers	8 Mixed business
20 Restaurants	8 Public houses
11 Confectioners	1 Stall

In addition 15 school kitchens and 7 clubs are premises coming within the Food Hygiene Regulations, 1955.

As Seaford caters for a large influx of visitors during the holiday season, in addition to a permanent population of over 10,000, it is essential that the already good standard of hygiene throughout the food premises in the district be maintained, and improved upon wherever possible. It is unavoidable that the greatest demand for



a high standard of hygiene is when the premises are at their busiest, and in order to provide a sound foundation of habitual hygienic routine it is obviously necessary that the premises are satisfactorily equipped and the staff trained in the fundamentals of Food Hygiene. In this connection regular visits were made throughout the year and informal notices were served for the following items:-

Provision of hot water supply	7
Provision of wash hand basin	6
Provision of sink	1
Cleansing of premises	14
Structural repairs	2
Provision of clothing accommodation	1
Other contraventions of Food Regulations	6

#### Food Inspection

There are no slaughterhouses within the Urban District, but a check is kept on the condition of meat delivered to Butcher shops in conjunction with the normal inspection of the premises. In addition the following foods were inspected and condemned, subsequent to an opinion being sought by the shopkeepers concerned:-

#### Blown and defective tins

Three - 5 lbs. 14 ozs tins Apples  
One - 6 lbs. tin Corned Beef  
Two - 12 oz tins Corned Beef  
Two - 2 lbs tins Pork Luncheon Meat  
One - 7 oz tin Pork Luncheon Meat  
One - 6 lbs. 8 ozs tin Garden Peas  
Three - 14 lbs tin Chopped Pork  
One - 11 lbs. 5 ozs tin Ham

#### Decomposition

14 lbs Lobster  
14 lbs Crab

#### Abscesses

4 lbs. 14 $\frac{1}{2}$  ozs Loin Pork

### 6. Caravans

The Hawth Hill site has a permitted number of 188 caravans and these are occupied for the holiday season only. Eleven inspections were made throughout the summer and a high standard of administration was found on all occasions, the site, caravans and conveniences being in a satisfactory condition of cleanliness.

Licences for two caravans on another site were also in operation and here also the conditions were satisfactory.

### 7. Water Supply

The water supply to the Urban District is provided by the Newhaven, Seaford and Ouse Valley Water Company. Regular samples are submitted for analysis by the Company and the results forwarded to the Council. These show a high degree of organic purity throughout 1957.

### 8. Public Health - Housing

The following action was taken to secure the abatement of nuisances and housing defects:-

Number of nuisances and housing defects. 11



Number where works were carried out as a result of informal action.	11
Number of Statutory Notices served.	4
Number of Statutory Notices complied with.	4
Closing Order on building and still operative.	1
Closing Order removed.	1

#### 9. Inspections and Complaints

Forty-seven complaints covering a wide variety of subjects were investigated and action taken where necessary. In addition the following inspections were carried out in the course of general administration:-

Infectious Diseases - premises	6
Disinfections	10
Drainage - Inspection and testing	188
Public conveniences	10
Pet Animals Act	6
Public Health Act - General	51
Miscellaneous	46

The total number of visits made in connection with all fields of Public Health administration, excluding rehousing visits, was 1,241 for the full year, while office administration necessitated:-

General letters, reports, returns, interviews etc.	655
Meetings and Conferences attended.	27
Conferences with Chairmen of Committees and Officers of the Council as necessary.	106

#### 10. Factories Act, 1937

In the Urban District there are four factories on the register in which Sections 1, 2, 3, 4 and 6 of the above Act are enforced and 27 factories in which Section 7 only is enforced. During 1957, 14 inspections were carried out. Details are as follows:-

##### Part I of the Act

Inspections made for the purposes of provisions as to health. (including inspections made by the Public Health Inspector.)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities.	4	1	-	-



Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	27	13	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	Nil	-	-	-
Total:	31	14	-	-

### Part VIII of the Act

The position relating to outwork is as follows:-

Section 110			Section 111		
No. of out-workers in August list required by Sec. 110 (1) (c)	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in unwholesome premises	Notices served	Prosecutions
2 (wearing apparel)	Nil	Nil	Nil	Nil	Nil



## SECTION IV

### Prevalence of, and Control over, Infectious and other Diseases

#### Infectious Diseases

In all, 138 cases of infectious disease were confirmed in Seaford in 1957. The details were as follows:-

Disease	Number of Cases	Cases admitted to Hospital	Deaths
Measles	100	-	-
Whooping Cough	24	-	-
Pneumonia	8	-	-
Erysipelas	3	-	-
Puerperal Pyrexia	2	-	-
Poliomyelitis, paralytic	1	1	-
	138	1	-

#### Measles

Only 100 cases of measles were notified in Seaford during 1957. This is a comparatively small number and, indeed, the incidence has not been very high for some years past. This is rather an unusual state of affairs, as it is usual for areas to experience a year of high incidence of the disease every two or three years.

All the cases were treated at home and made rapid and uneventful recoveries.

#### Whooping Cough

Twenty-four cases of whooping cough were notified in Seaford during 1957. Although the total number of cases recorded is the highest since the combined diphtheria and whooping cough vaccine was first made generally available in the district, it would be quite wrong to assume that the vaccine is not providing satisfactory protection. It will only be after a period of ten years or more has expired that it will be possible to say with any certainty whether or no the use of the vaccine is effecting a reduction in the average number of cases of whooping cough recorded in the district each year.

#### Pneumonia

Eight cases of pneumonia were recorded in Seaford during 1957. Six of these cases were of acute primary pneumonia and two were of influenzal pneumonia. None of the cases were sufficiently serious to require admission to hospital and all cases made satisfactory recoveries.

#### Erysipelas

Three cases of erysipelas were notified in Seaford during the year under review. One of the three cases was a recurrence of the disease in the same person, an old lady who contracted the illness in January and again in September. No case was admitted to hospital.



### Puerperal Pyrexia

The two cases of puerperal pyrexia, a feverish condition occurring in women after childbirth, were recorded in October of the year under review. One of the women affected was 25 years of age and the other was 20 years old. Both patients made satisfactory recoveries.

### Poliomyelitis (Paralytic)

The one case of poliomyelitis which was notified in Seaford during 1957 was of the paralytic type. The patient, a sixteen year old boy, was admitted to hospital on 1st April, 1957, and discharged home on the 18th May of the same year, completely free from any residual muscular involvement.

### General

Apart from the hundred cases of measles and twenty-four cases of whooping cough notified in the area during 1957, only fourteen other cases of infectious disease were recorded during the year. Amongst the total number notified, no death occurred and only one case was sufficiently serious to merit admission to hospital.



## SECTION V

### Tuberculosis

In 1957 ten cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis were notified in Seaford. Of these, five of the pulmonary cases were persons who were already suffering from pulmonary tuberculosis when they moved into Seaford from other areas. The single notified case of non-pulmonary tuberculosis was also an inward transfer from another district.

#### 1957 NEW CASES AND MORTALITY

AGE PERIOD	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0								
1								
5								
10			1 +	-				
15			-	-				
20	2 (1+)	-	-	-				
25	1 +	1 +	-	-	1 +	-		
35	1	1 +	-	-	1	-		
45	1	-	-	-	-	-		
55	2	-	-	-	2	-		
65 & upwards	-	-	-	-	1	-	-	1
<b>TOTAL:</b>	<b>7</b>	<b>3</b>	<b>-</b>	<b>1</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>1</b>

+ Inward transfers

The incidence rate represented by the ten notified cases of pulmonary tuberculosis is 0.93. If the five inward transfers are excluded, a total of five new cases remains, giving an incidence rate of 0.46 per 1,000 population.

The single case of non-pulmonary tuberculosis notified in the area during the year under review gives an incidence rate of 0.09 per 1,000 population, but as the case in question was an inward transfer the rate excluding such inward transfers was Nil.



The four deaths due to pulmonary tuberculosis which occurred in the Urban District during 1957 show a rate of 0.37 per 1,000 population. All of these deaths were of persons normally resident in the Urban District.



### CLIMATE

The following meteorological statistics were recorded at Seaford during the year 1957:-

Month	Temperature			Rainfall		Sunshine		No. of days
	Mean	Max.	Min.	Total	Heaviest	Average	Total	
January	42.2	52	29	1.64	.40	2.1	65.1	16
February	43.6	52	27	4.55	.78	3.32	92.9	19
March	48.3	62	30	1.36	.24	3.88	120.4	23
April	48.5	66	32	.10	.09	6.38	191.3	24
May	51.1	64	35	.73	.22	8.05	249.7	27
June	60.1	86	42	.77	.25	10.78	323.3	29
July	63.1	83	50	4.61	1.77	6.73	208.5	31
August	61.1	76	45	1.82	.59	6.24	193.5	30
September	56.9	67	38	3.49	.73	3.80	114.0	22
October	54.1	65	37	1.62	.52	4.00	124.0	27
November	45.0	57	29	2.67	1.19	2.24	67.2	16
December	41.3	54	21	1.87	.54	1.99	61.6	15
	51.3			25.23		4.96	1811.5	279

Weather conditions on the whole were better during 1957 than in the preceeding year. The mean monthly temperatures were higher in every month except in May, September and December. The heaviest monthly rainfall occurred, unfortunately in July, but as over one third of the total rainfall for that month took place on one day, the effect throughout the month was not so noticeable as it would have been if the rainfall had been more evenly distributed throughout the month. The total number of hours of sunshine for the year was high and the average daily sunshine record for June was very good indeed, as 10.78 hours a day were recorded during that month.

In the year 1890 in the Annual Health Report concerning Seaford, then known as the Town and Port of Seaford, it was remarked that "the climate of the town is eminently suited to convalescents and the air has a true tonic effect on such patients and produces a really marvellous improvement in a short time." Comment was also made on "the attainment of great age by the inhabitants of the town." The writer was then reviewing the health of the town since 1885. Prompted by the comparison of the death rate in Seaford with that of other areas he commented that "the death rate of Seaford has always been remarkably low."

What was true about three quarters of a century ago concerning the climate and the longevity of the inhabitants is equally true today.

Seaford, betwixt the Downs and the sea nestles below the foot-hills and is sheltered from the north and the east. It looks towards a gently curving bay. The soil is dry and like the rest of the Downs is mainly of chalk. The climate is equable but bracing for a south



coast resort. Never too cold in winter, in the summer the heat is tempered by a cool sea breeze, so that even the hottest days are not relaxing. Rainfall is small and the atmosphere is clear and usually bright. Sunshine is abundant and an annual average of 1,735 hours over a period of ten consecutive years has been recorded. In some years the total of sunshine has been the highest recorded in the British Isles.

The remarks of the writer of over sixty years ago have been confirmed by observation and by consultation of records in recent decades. It has been amply evidenced that the overtired, the overworked and convalescents have benefitted in no small degree by a sojourn in Seaford. Ready testimony has been forthcoming from those who have retired to live in the town that they have felt that by their wise choice of residence they have increased their number of years and their enjoyment of life. The outstanding healthiness and vigour of the children show that they thrive in Seaford's climate.

Records show that there are no outbreaks of dangerous infectious disease. Longevity is evidenced by the average length of years reached by the inhabitants which is above that of the country as a whole. Cases of early tuberculosis usually do well. There are very few sea mists and these never amount to fog. Fog itself is absent as there is in Seaford or near it no industry causing smoke which pollutes the air and is the associate of a foggy atmosphere. As a result very few cases of bronchitis and other chest affections are found. Cases which do suffer from these disorders usually have contracted the ailments elsewhere and by living in Seaford these conditions are improved. People who are ill present striking clinical changes owing to the rarity in Seaford of what is termed a cold front i.e. a period, usually during the night, when the temperature is at a continuous low level of some hours duration. The comparative absence of cold fronts diminishes the liability to infections of various kinds. Where infection is already present, for example, as in tuberculosis, a cold front has a deleterious effect. A succession of cold fronts will set a patient back where he has shown steady improvement. In cases of nervous diseases the quiet tranquillity of Seaford allied to its bracing climate encourages that activity which increases and renews bodily vigour helping to dispel fatigue associated with many diseases of nervous origin. It is well known that many Harley Street consultants recommend a stay or residence in Seaford for cases where patients suffer from a chronic run down condition.





